DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-01410 (03/2016)

STATE OF WISCONSIN
Asthma Care and Environmental Strategies Program

EDUCATION-MEDICATION SUMMARY - PART A

Client ID Number	Enrollment Number	Date of evaluation

Name- Client	Date of birth (mm/dd/yyyy)	Age

School

Name - Physician

Name – Specialist

ASTHMA MEDICATIONS ☐ No Current Medications

Current Medications	Dosage	Frequency	Date Last Used	Don't Use	Education Sheet Given

PRIORITY ACTION ITEMS (Participant 'to-do' list)

	Asthma Management	2 Wks.	3 Mos.	6 Mos.	Recommendations	Comments
1						
2						
3						
4						
5						
Environment						
1						
2						
3						
4						
5						

3-month follow-up date	6-month follow-up date

Name - Asthma Educator	Date